## UNITED STATES BANKRUPTCY COURT DISTRICT OF RHODE ISLAND

In re:		)	
	Debtor(s).	) )	Chapter 7 Case No.
	CERTIFICATE REGARDING A PURSUANT TO LOCAL B		
	The Debtor, student, supervising att	orn	ey, and faculty member, by executing this
certific	cate below, respectfully represent as f	ollo	ows:
1)	The Debtor (s) has been referred to	the	Bankruptcy Clinic at the Roger Williams
	University School of Law Metropol	litar	Center in Providence, Rhode Island (the
	"Program") and hereby consents to t	he a	assistance and special admission of
	, a	thir	d year law student enrolled in the Program
	in his/her/their case.		
2)		_ (S	Supervising Attorney) is a member of the bar
	of this Court and agrees to assume p	erso	onal professional responsibility for the law
	student's work, for supervising the	qua	ality of the law student's work, assist the
	student to the extent necessary, appear	ır w	ith the student in all proceedings before this
	Court and be prepared to suppleme	nt a	ny written or oral statement made by the
	student to this Court or opposing cou	unse	el.
3)	Esq. i	s th	e faculty member conducting the Program
	and, if serving as supervising attorne	y, is	s a member of the bar of this Court. He/she
	hereby agrees to act as attorney of rec	ord	in the event the supervising attorney and/or

the law student are not available to do so.

4)		is a third year law student serving as a legal intern
	in the Bankr	uptcy Clinical program at Roger Williams University School of Law
	who hereby i	represents that he/she:
	1.	has successfully completed the bankruptcy course offered by Roger
		Williams University School of Law, is enrolled in the Program, is
		familiar with the facts of this case and is qualified to provide the legal
		representation required; and
	2.	has read and is familiar with the Rhode Island Supreme Court Rules
		of Professional Conduct, the Federal Rules of Bankruptcy Procedure
		and the Local Bankruptcy Rules of this Court.
		Respectfully submitted,
Dated:_		DEBTOR
Dated:_		FACULTY
		TACOLTT
Dated:_		SUPERVISING ATTORNEY
		SUPERVISING ATTORNET
Dated:_		CTLIDENT
		STUDENT